## Appendix 5

## Medically Fragile Students

## Background

In November 2003, the Children National Medical Center's School Services (CSS) program began to identify the number of medically fragile students in mainstream public schools. At the time, approximately 40 medically fragile students were identified. By the end of school year 2004-2005, CSS identified 344 of these students. Beginning in school year 2005-2006, 302 students were identified. As of this date 442 of these students have been identified by school nurses.

This report was developed based on information provided by the school nurse assigned to each health suite. Please note that this report is not all inclusive in the identification of all students with special health care needs or who are described as medically fragile. It reflects only those students who are known to the nurse either through health suite visits or review of health records.

#### **Problems**

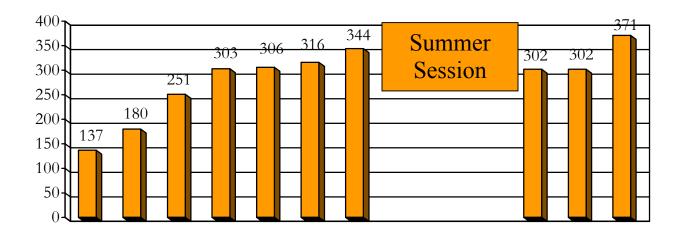
- A. The number of medically fragile students is likely to increase, as medically fragile children continue to be mainstreamed into the regular school setting. In November 2005, 67 out of 170 (39%) of the schools had at least one medically fragile student. More than half (n=36) of these schools have only twenty (20) hours of nursing coverage per week.
- B. There is an absence of standardized, consistent policies and procedures governing the identification of health care needs and student placement.
- C. The school nurse is often absent from the table when planning for the mainstreaming of medically fragile students.
- D. Students may be assigned to schools without the prior nursing planning necessary to meet the health care needs of medically fragile students.

### **Strategies**

- A. Establish a standardized and consistent process for the identification of all medically fragile students, not just the ones identified through visits to the health suite.
- B. Mandate that the nurse participate in the individualized educational plan (IEP) to provide an opportunity for consideration of healthcare needs and planning for the provision of nursing care and services.

# **Identification of Medically Fragile Students**

November 2004 – November 2005 (Excluding summer session June, July and August)



## **Profile of Medically Fragile Students**

The following provides a snapshot of some of the medical conditions identified for medically fragile students.

High Volume Problem Prone	Low Volume, Problem Prone	Low Volume, High Risk
Asthma (124)	Hemophilia	Down's Syndrome
Seizure Disorder (44)	Hydocephalus with VP shunt	Pulmonary Retardation
Diabetes (42)	Chronic Liver Disease	Respiratory Distress Syndrome (S/P Trach)
Severe Food Allergies (22)	Hearing Loss secondary to Neuroblastoma	Toot's Disease
Developmental Delays (22)	Traumatic Brain Injury	Von Willebrand's Disease
Sickle Cell Disease	Leukemia	Freeman-Sheldon
Cerebral Palsy and ADHD/ADD (15 each)	Hypertension	Holt Oram Syndrome